

**Documentation Checklist: Process Guidelines for Medication Management and Reduction of Adverse Drug Reactions**

<b><u>Assessment/Problem Definition</u></b>	<b>Yes</b>	<b>No</b>
May relate to F Tag: 271 (Admission Orders); 272 (Comprehensive Assessment); 274 (Assessment-Significant Change); 329 (Unnecessary Drugs)		
1. Did the facility correctly identify the problem or condition (onset, frequency, intensity, duration, etc.) for which a medication was being given?		
2. Did the facility clearly identify the rationale for the use of medication as treatment for the problem or condition?		
3. Did the facility identify risk factors for the use of prescribed medications, given the resident's condition and existing medication profile?		
<b><u>Diagnosis/Cause Identification</u></b>		
May relate to F Tag: 281 (Standards of Care); 329 (Unnecessary Drugs); 333 (Medication Errors); 386 (Physician Services); 426 (Pharmacy Services); 428 (Pharmacy Review); 429 (Pharmacy Report)		
4. For any new loss of appetite/weight loss, fall, or change in mental status/behavior, did the facility review the drug regimen to determine the possibility that one or more medications may have contributed to the change in condition or functional decline?		
5. When a new loss of appetite/weight loss, fall, or change in mental status/behavior resulted in adding another medication to treat the symptom, did the facility explain why the additional medication is the most appropriate treatment?		
6. Did the facility consider that the drug order or medication administration (transcription error, illegible handwriting, adequate fluid for swallowing, taken with/without food, the amount of medication taken at one time, right resident, right medication, right dose, right time, right route, etc.) may have contributed to the resident's change in condition?		
<b><u>Treatment/Problem Management</u></b>		
May relate to F Tag: 222 (Chemical Restraint); 279 (Comprehensive Care Plan); 309 (Quality of Care); 329 (Unnecessary Drugs); 386 (Physician Services); 428 (Pharmacy Review); 430 (Action)		
7. Did the facility identify the risks of a high-risk medication, medication combinations, doses and other factors that may contribute to a significant change in condition for the resident?		
8. Did the facility explain why the benefit of the medication, dose, medication combination or other factors outweighed the potential risk?		
9. Did the facility manage the possible adverse drug reactions of loss of appetite/weight loss, falls, or change in mental status/behavior in a timely manner by changing the medication/dose or documenting why such changes could not or should not be made?		
<b><u>Monitoring</u></b>		
May relate to F Tag: 274 (Reassessment-Significant Change); 276 (Quarterly Review); 279 (Comprehensive Care Plan); 281 (Standards of Care); 309 (Quality of Care); 329 (Unnecessary Drugs); 386 (Physician Services); 428 (Pharmacy Review); 429 (Pharmacy Report); 430 (Action)		
10. Did the facility periodically monitor the resident for significant effects, side effects, and complications (perform appropriate laboratory tests, monitor target symptoms, etc.)?		
11. Did the facility demonstrate a systematic approach for timely response to adverse drug reactions?		
12. Did the facility follow a possible adverse drug reaction until the symptoms resolved or another cause for the symptoms was identified?		

*Signature of Person(s) completing the form and date:*

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